

**Inspection Form for Operating Septic Systems**  
Type Inspection: ☐ 1st Baseline – Detailed Evaluation ☐ Routine Maintenance

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ Weather: \_\_\_\_\_

Inspector Name & Company: \_\_\_\_\_

Pumper Name & Company: \_\_\_\_\_

Others Present During Inspection: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ DHEC Permit Number: \_\_\_\_\_

Type of System (DHEC code if available): \_\_\_\_\_

**SITE OBSERVATIONS**

Property in use: ☐ Yes ☐ No [☐ Full time ☐ Vacation Rental ☐ Vacant ☐ Other ☐ Unknown]

General Site Conditions:

☐ Grass cover/vegetation condition: \_\_\_\_\_

☐ Surface Ponding ☐ System area ☐ Other areas

☐ Protective Barriers Present ☐ Effective ☐ Not effective

☐ Surface runoff/gutters directed away from system ☐ Yes ☐ No ☐ N/A

Malfunction at time of inspection: ☐ Yes ☐ No

☐ Surface discharge via straight-pipe or damaged plumbing [☐ Grey water ☐ Black water ☐ Unknown]

☐ Surface discharge in area of tank

☐ Surface discharge within tile field area

☐ Surface discharge at edge of tile field area

☐ Surface discharge - bleed-out away from system location

☐ Evidence of past failure / Note evidence: \_\_\_\_\_

☐ Other problems noted below and on site diagram (diagram on page 2 of form)

**SYSTEM EVALUATION**

**Tank**

Accessible: ☐ Yes ☐ No

Lid(s) need repair: ☐ Yes ☐ No

Liquid operating level: ☐ at outlet invert ☐ above outlet invert ☐ below outlet invert

Scum layer thickness: (in.) \_\_\_\_\_ Sludge layer thickness: (in.) \_\_\_\_\_

Tank pumping recommended (sludge plus scum occupy 35% or more of tank volume): ☐ Yes ☐ No

Tank pumped of all liquids and solids: ☐ Yes ☐ No ☐ N/A Approx. volume pumped (gals): \_\_\_\_\_

Water stream flowing into tank from house: ☐ Yes [☐ trickle ☐ steady flow] ☐ No ☐ N/A

Water stream flowing into tank from drainfield: ☐ Yes [☐ trickle ☐ steady flow] ☐ No ☐ N/A

Inlet tee needs repair: ☐ Yes ☐ No

Outlet tee needs repair: ☐ Yes ☐ No

Tank composition: \_\_\_\_\_ Approx. size of tank (gals): \_\_\_\_\_

**Pump Tank** Present: ☐ Yes ☐ No Solids Measured: ☐ Yes ☐ No Service recommended: ☐ Yes ☐ No ☐ N/D

**Drainfield** (determine drainfield configuration if permit is not available)

Depth to top of rock: (in.) \_\_\_\_\_

Trench width: (ft.) \_\_\_\_\_ length: (ft.) \_\_\_\_\_ number of trenches: \_\_\_\_\_

Distance to nearest property line: (ft.) \_\_\_\_\_ Distance to nearest drainage feature: (ft.) \_\_\_\_\_

Evidence of erosion: ☐ Yes ☐ No Evidence of vehicular traffic: ☐ Yes ☐ No

**Recommended time frame for next inspection:** \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

**Disclaimer:** The above information indicates the conditions of the septic system at the time of inspection. This is not a guarantee or warranty of future system performance.

N/A = Not Applicable

N/D = Not Determined

## This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or other markings.

Building : ☐  
 Drainfield : -----DF-----  
 Septic tank : ST  
 Well : W

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